

# THE USE OF ANALGESIC MEDICATION AMONG BLACK AFRICANS IN AN URBAN GENERAL PRACTICE

## Abstract

**Objectives:** The study focuses on analgesic use in black adult patients attending an urban general practice

**Methodology:** One hundred and forty seven adult urban black patients were studied over a one month period. The ages of the subjects ranged from 18 to 63 with a Mn of 34,16 years. The sample consisted of 46,94% males and 53,06% females. With the aid of a questionnaire, Analgesic Use Questionnaire (AUQ), various demographic and diagnostic correlates and variables associated with the use of analgesics was assessed.

**Results:** The study supports the view that analgesic use is common among black urban patients. In addition, pain as a presenting symptom is also very common among these patients. The relationships between pain, psychosocial problems and psychiatric illnesses are also considered.

**Conclusion:** The study supports the view that many patients use analgesic frequently. A trend has serious implications for misuse and abuse of analgesics. Further, that pain is a common symptom which doctors should pay careful attention to the "meaning of". Since is a relationship between pain and psychosocial problem and/or psychiatric illness, doctors should consider psychological factors in the management and treatment of pain.

## Keywords

Analgesic use, pain, psychosocial problems

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The alleviation of pain and suffering is a high priority amongst the treatment goals of any physician. The use of analgesics is an important means towards this end often in the hope of creating new beginnings. The context of analgesic use varies from sore throat<sup>1</sup> and headache<sup>2</sup>, to that of operative use<sup>3</sup> and in the terminally ill<sup>4</sup>. In all of these situations, the family practitioner is often part of the chain of referral, and in many instances, the last. It is therefore imperative that family practitioners have available to themselves information on the use of analgesics, so that informed decisions about patient care are made. Although there are numerous studies on the use of analgesics in tertiary care facilities<sup>5</sup>, there are very little data on research on the use of analgesics in family practice.

Although the medical field has progressed considerably in its ability to treat many illnesses, chronic illnesses abound, thus making both acute and chronic alleviation of pain an essential component to the practice of medicine by any family doctor. In a study on patient-controlled analgesia administered post-operatively to gynaecological patients, distinct psychological profiles (hypochondriasis and hysteria) were shown to be associated more with patients suffering from chronic pain than acute pain. In addition, it has been demonstrated that patient satisfaction was immensely correlated with scores on a hysteria substrate<sup>6</sup>. However, in these studies, the results were restricted to entirely female patient populations or hospital based populations.

A central issue of analgesic use is "the abuse of analgesics". The associations with analgesics abuse may be as obvious as in hypochondriasis<sup>3</sup>, factitious disorder<sup>6</sup> and acute tubular necrosis<sup>7</sup>. It may also be associated with post traumatic stress disorder. South

Africa, in undergoing profound political changes, is also expected to undergo concomitant changes in disease-profiles and the management of these diseases. It seems intuitive that the association between finance and healthcare would make "healthcare" a function of socio-economic variables. In this regard the new urbanisation of black patients, potential post traumatic stress disorder and/or depression is an important consideration. In addition, increasing insecurity amongst all race-groups could potentially affect doses and true prescriptions of analgesics. These "psychological" associations with analgesic abuse abound in the literature.

In addition, it has also been demonstrated that chronic pain sufferers may have more personality changes than a non-chronic pain patient population<sup>10,11</sup> and that chronic pain patients may also have more depression<sup>12</sup>. To our knowledge there have been no studies to date, examining psychological variables in relation to analgesic use in general practice patient populations, and furthermore, no studies have been done specifically in relation to an urban South African patient population. Both McWinney<sup>10</sup> and Roberts<sup>15</sup> have articulated the importance of local studies and stated that "the truth is that the main source of development lies not in some distant centre of learning, but in the day-to-day experiences of ones own practice". Albeit so, the aforementioned studies do provide a standard for comparison, and are useful in the clues they provide toward potentially important variables to consider in studies such as this.

Improvement in quality of care and pain management in general practice, can only be achieved with adequate examination and review of these practices and a descriptive analysis of analgesic use. This study is an attempt to contribute to this body of literature, which although important, has not been sufficiently described for general practice patient populations. This study will address the various demographic, diagnostic and psychological variables associated with analgesic use in an urban general practice.

## Method

### Participants

The total sample in this study (N=147) consisted of urban blacks who attend an urban general practice in Durban, South Africa. The practice was established in 1991 and is situated downtown in a low socio-economic area that was, prior to 1990, reserved for whites. Since the repeal of the apartheid laws, other race groups have taken up residence in this area. As a result the population of blacks has risen in this area. The ages of the subjects in this study ranged from to 18-63 years with a Mn of 34,16 years. All medical records of black patients who attended the practice over a one month period were included in the study. The Analgesic Use Questionnaire (AUQ), designed by the authors for the purpose of this study, was used to obtain information from the participants in a standardised way. The AUQ was designed to elicit various demographic and diagnostic correlates and variables associated with the use of analgesic. In addition a pain rating scale 14 was also used to rate pain.

### Results

The sample consisted of 69 (46,94) males and 78 (53,06) females. Attendance to the doctors rooms over the period of study ranged from one to two visits. Eighty-five (57,82%) attended once and 62 (42,18%) twice. As many as 93,78% of the subjects had at least some high school education. The analgesic most used by patients at the time of visiting the doctor was Propaine Forte (42,61%), followed by Stilpane (26,96%) and Stopayne (10,43%). See Table I. They would have obtained it from various sources before attend this particular medical practice. Over-the-counter medication was used by 66 (46,15%).

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Analgesics	N	%
Propain forte	49	42,61
Stilpane	31	26,96
Stopayne	12	10,43
Painamol	11	9,57
Scriptogesic	5	4,35
Suncodin	3	3,48
Prolief	4	3,48
Grandpa	3	2,61
Panado	3	2,61
Fenammin	1	0,87
Dolorol	1	0,87
<b>Total</b>	<b>115</b>	

Table I: Analgesics Used by Subjects

**Pain**

Most of the subjects presented with pain as a symptom, 115 (78,23%). Table II reflects the pain presentation according to gender. There was no significant difference in the presentation of pain according to gender, male 56 (38,10%) and female 59 (40,14%).

When asked to rate their pain, 18 (15,65%) rated mild, 80 (69,56%) moderately, and 17 (14,78%) severely. Fifty-seven (49,57%) reported generalised pain, whereas 58 (50,43%) specified a location for their pain.

**Psychological Problems and Psychotic Illness**

One hundred and three (70,07%) of the subjects reported having psychosocial problems. The problems experienced are listed in Table III. Only two (1,36%) reported suicidal behaviour. However, there was a higher incidence of psychosocial problems in the group that presented with pain than those who did not present with pain as an initial symptom. See Table IV.

A history of psychiatric illness was also obtained from the medical records. Twenty-two (15,17%) had a history of some psychiatric illness or treatment. A comparison reveals that those who reported pain as a presenting symptom had a higher incidence of psychiatric illness (22,58%) compared to those who did not report pain as a presenting symptom (13,16%).

The results show that of the 115 (78,23%) that presented with pain, 92 (80,00%) were prescribed analgesics. Table V lists the analgesic prescribed.

Most of the subjects 107 (74,82%) reported relief by the treatment given. Five (3,50%) had no relief and 31 (21,68%) were not sure. Thirty (21%) had recurrence of symptoms, 82 (56,94%) no recurrence of symptoms and 31 (21,68%) were not sure whether their symptoms were cured.

Referrals to specialists were made in 36 (24,83%) subjects and special investigations ordered for 34 (23,45%). There were no differences in the number of specialist referrals and special investigations that had taken place in the group that presented with pain as compared to the group without pain. However when comparing the groups regarding specialist referrals and

	Pain as a Presenting Symptom		
	YES (%)	No (%)	TOTAL (%)
Male	56 (38,10)	13 (8,84)	69 (46,94)
Female	59 (40,14)	19 (12,92)	78 (53,06)
<b>TOTAL</b>	<b>115 (78,23)</b>	<b>32 (21,77)</b>	<b>147</b>

Table II: Pain Presentation According to Gender

	N	%
Marital	37	25,17
Sexual	27	18,37
Unemployment	5	3,40
Financial	46	31,29

Table III: Psychosocial Problems

special investigations to psychosocial problems, the results support the view that a higher number of referrals to specialists and special investigations was made in the group who reported psychosocial problems.

**Discussion**

This study concerned the use of analgesics in black patients attending an urban general practice in Durban. The sample consisted of adults between the ages 18 to 63 years. The majority of the subjects were between the ages 20 to 40 years (Mn 34,16). Research<sup>23,4</sup> suggests that the study of analgesic use should be undertaken separately for adults and children because of the heterogeneity that exist between these groups. There was no significant difference in the representation between gender in the samples, males (46,94%) and females (53,06%). The slightly high number of females in the sample is in keeping with the general trend in literature that demonstrates a higher use of medical care facilities by females. A similar trend was observed in a study of blacks at an urban hospital<sup>15</sup>. The main reason for higher utilization of medical facilities by females has been attributed to the greater awareness among women of symptoms<sup>16</sup>.

The subjects level of education (93,78% had at least some high school education), the income of subjects (54% earned above R20 000 per annum) and that most patients were members of a Medical Aid Scheme (93,20%) reflected that they were an urban, lower-middle class socio-economic group and/or who are in the process of acculturation. Hence, they are expected to use more readily Western medical facilities and ascribe, at least overtly, less to traditional ideas of illness and health<sup>15</sup>.

Most subjects who visited the doctor over the study period had reported using analgesic medication. The medication used most often was Propaine forte (42,61%) and Stilpane (26,96%). Although 46,15% admitted that they were taking over-the-counter (OTC) medication, a small number of over-the-counter medication was actually reported, i.e. Panado (2,16%); Grandpa (2,61%); Dolorol (0,87%). The perception is that "higher scheduled" drugs and combination preparation are utilized more fre-

quently than OTC preparations. This may be indicative of trends in analgesic use at least in populations similar to those as in this study. A reason for this may be that doctors are prescribing such medication more frequently, a concern that has already been acknowledged<sup>11</sup>. Another reason may be the demands that patients make on doctors for such medication, possibly because of folk beliefs and recommendations by significant others in the patient's environment, a practice common among black urban patients<sup>15</sup>. Personality factors also play a role<sup>12,17</sup>. Further, this situation is of concern since it has serious implications for analgesic abuse and its misuse, which is a growing problem in the black community<sup>18,19</sup>.

In this study, a significant number of patients (78,23%) reported pain as a presenting symptom. Pain is a symptom often precipitating help-seeking behaviour and has been well demonstrated in literature<sup>20</sup>. Pillay<sup>21</sup> in his Model on African help-seeking behaviour emphasises the role symptoms such as pain play in medical help-seeking. Most patients (69,56%) rated their pain as moderate, with 15,65% mild and 14,78% severe. The tendency for patients to visit the doctor when their pain worsened may reflect the trend for patients to seek medical help especially when their self perceptions are that their illness is getting worse<sup>15</sup>.

The study also suggests and supports the view that there is an association between psychosocial problems and analgesic use. Higher incidences of psychosocial problems (70,07%) and psychiatric illness (22,58%) was reported in the group that presented with pain compared to those that did not. There is evidence supporting the view that psychosocial problems and psychiatric illnesses often present as somatic presentations<sup>12</sup>. The psychosocial problems reported most often were financial (31,29%), interpersonal (25,17%) and sexual (18,37%). There is evidence in this study to suggest that psychosocial factors may influence referrals to specialists and the need for special investigations. A process to clarify diagnosis in order to influence treatment. On the other hand, this may lead to unnecessary specialist referrals and investigations and/or the overuse of medical facilities. It may be necessary, therefore, to consider psychological assessment when confronted with patients presenting with pain.

This investigation also provides useful information on the prescriptive practice of the doctor as well. It is interesting to note that not all subjects who presented with pain were prescribed analgesic. The anal-

	Psychosocial Problems		
	YES N (%)	No N (%)	TOTAL N (%)
Presenting with pain	80 (54,42)	35 (23,81)	115 (78,23)
No pain	23 (15,65)	9 ( 6,12)	32 (21,77)
<b>TOTAL</b>	<b>103 (70,07)</b>	<b>44 (29,93)</b>	<b>147 (100,00)</b>

Table IV: Psychosocial Problems and Pain and Presentation

Analgesics	N	%
Propain forte	26	28,26
Painamol	20	21,74
Scriptogesic	18	19,56
Suncodin	13	14,13
Stilpane	6	6,52
Fenamin	4	4,35
Prolief	4	4,35
Stopayne	1	1,09
<b>Total</b>	<b>92</b>	<b>100,00</b>

Table V: Analgesic Prescribed

gesics most used were Propain forte (28,56%) and Painamol (21,74%), Scriptogesic (19,56%) and Suncodin (14,03%). Generally the subjects reported relief following treatment (74,82%), although 56,94% had recurrence of symptoms. In addition, such audits play a valuable role in helping doctors improve their patient care.

### Conclusion

This study, which focussed on analgesic use in an urban general practice, provides valuable information for health care practitioners. The study supports the view that many patients use analgesic frequently. Not only is OTC medication used but scheduled analgesics are used more frequently. This trend has serious implications for misuse and abuse of analgesics.

Further, pain is a common symptom that patients present with and doctors should pay careful attention to the "meaning" of this symptom. Since there appears

to a relationship between pain and psychosocial problem and/or psychiatric illness, doctors should consider psychological factors in the management and treatment of pain. Such an approach may alleviate unnecessary referrals, special investigations and the prescription of analgesics. Such studies also serve a useful function as audits of practices.

However, the scope of the study was very limited. Future studies should include a cross-section of patients from all race groups, from various practices and should be conducted over a longer period of time. Data from several practices will serve an important role in making comparisons. Finally, this study did not take into account the role of traditional beliefs and practices, on pain and pain management, an area that is known to have significant impact on black patients. ●

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## THE RURAL HEALTH INITIATIVE - A YEAR AHEAD

The Rural Health Initiative (RHI) was born following the Grahamstown Congress in September 1996. The purpose of the RHI is to address some of the fundamental issues of health care provision. The Academy's main focus is that of education, a function that it has been carrying out with due diligence in the urban regions. The Academy identified a glaring gap - the support of doctors in the rural areas and that of health care provision in under-served areas. This led to the birth of the RHI.

The Initiative has grown and now has a part time Director, Dr Mark Ferreira. Penny Bryce continues as the project manager and fundraiser, with Bruce Sparks the Chairman. I recently had the opportunity of attending a report back session from all the project leaders in South Africa. The practitioners work under difficult circumstances but it is encouraging to listen to them inform us about the projects that the Rural Health Initiative, by providing necessary funds, has enabled them to commence.

Bruce Sparks and Anne Wright presented a preliminary report on adolescent health issues and identified many areas that could be addressed by the RHI. A problem in sexual education in schools is that there must be agreement by the parents first before such educational programmes can be implemented in the schools.

Areas identified by the respondents (public hospitals) include AIDS and STDs, teenage pregnancy, unemployment, poverty and a feeling of hopelessness by the adolescents. This is obviously linked to the problem areas identified, namely unemployment, teenage pregnancies and poverty.

The hospitals and areas involved so far in the RHI include the Bethesda, Manguzi and Mosvold Hospitals in northern Kwa-Zulu Natal; the Ceres district in the Cape; the Donald Fraser Hospital in the Northern Region of the Northern Province and various regions in the Eastern Cape.

It was most encouraging to hear of the dedication, determination, and enthusiasm of the RHI team members since the inception of the RHI. There is no doubt that this Initiative will contribute to providing appropriate health care for all people in SA through appropriately trained family practitioners.

For further information regarding the RHI, or how you can become involved in a project, contact either Mark Ferreira or Penny Bryce at the RHI office, Johannesburg. The telephone number is (011) 807-6605; fax (011) 807-6611.

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